

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Darney Rivers

Write the full name of each plaintiff.

CV
(Include case number if one has been assigned)

-against-

Reuben S. Ingber M.D.

COMPLAINT

Do you want a jury trial?

☐ Yes ☐ No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

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I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

- ☒ **Federal Question**
- ☐ **Diversity of Citizenship**

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

- ① Patient Profiling
- ② Racial Discrimination
- ③ Pain & Suffering - Wanton Disregard
- ④ Dereliction of duty in medicine

B. If you checked Diversity of Citizenship**1. Citizenship of the parties**

Of what State is each party a citizen?

The plaintiff, Darney Rivers, is a citizen of the State of
(Plaintiff's name)

New York
(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, Reuben S. Ingber, M.D., is a citizen of the State of
(Defendant's name)

New York

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If the defendant is a corporation:

The defendant, Reuben S. Ingber, M.D., is incorporated under the laws of
the State of New York

and has its principal place of business in the State of New York

or is incorporated under the laws of (foreign state) _____

and has its principal place of business in _____

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

<u>Darney</u>	<u></u>	<u>Rivers</u>
First Name	Middle Initial	Last Name
<u>16 Metropolitan Oval, Apt # 4F</u>		
Street Address		
<u>Bronx</u>	<u>New York</u>	<u>10462</u>
County, City	State	Zip Code
<u>347-712-5325</u>	<u>iammycommunityinc@gmail.com</u>	
Telephone Number	Email Address (if available)	

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

Reuben S. Ingber, M.D.
 First Name Last Name
Doctor OF Medicine
 Current Job Title (or other identifying information)
1323 Avenue P
 Current Work Address (or other address where defendant may be served)
Brooklyn New York 11229
 County, City State Zip Code

Defendant 2:

 First Name Last Name

 Current Job Title (or other identifying information)

 Current Work Address (or other address where defendant may be served)

 County, City State Zip Code

Defendant 3:

 First Name Last Name

 Current Job Title (or other identifying information)

 Current Work Address (or other address where defendant may be served)

 County, City State Zip Code

Defendant 4:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

III. STATEMENT OF CLAIM

Place(s) of occurrence: _____

Date(s) of occurrence: _____

9/24/2023 , 10/26/2023

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

I have been a patient of Dr. Reuben S. Ingber for more than ten years. As an African American male who practices the Muslim faith, I have always respected Dr. Ingber's Jewish background and appreciated his medical expertise. However, I am now facing a troubling situation that I believe involves racial discrimination and wanton disregard for my well-being. I have been dealing with the aftermath of a gunshot wound to my left hand, which was caused by an AK-47, as well as chronic neck pain resulting from being hit by a S.U.V. These injuries have caused me significant pain and discomfort, and I have relied on medication to manage my symptoms effectively. Unfortunately, Dr. Ingber has recently refused to prescribe my medication, citing reasons that I believe rooted in the ongoing conflict between Muslims and Jews in Israel. This refusal feels like a form of retaliation and racial discrimination, as I have noticed a pattern of African American patients facing difficulties in this office while the predominantly Jewish patients seem to have no complaints.

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I firmly believe that Dr. Ingber's actions constitute patient profiling, as African American patients like myself are consistently subjected to different treatment compared to other patients. This kind of discrimination is unacceptable and goes against the principles of fair and equal healthcare. Moreover, by withholding my medication, Dr. Ingber is failing in his duty as a medical professional. This dereliction of duty in medicine has resulted in severe pain and suffering for me, as I am left without the necessary means to manage my conditions effectively. I believe it is crucial to address this issue and seek justice for the racial discrimination and wanton disregard for my well-being that I experienced under his care.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>11/09/2023</u>		<u>Darney Rivers</u>	
Dated		Plaintiff's Signature	
<u>Darney</u>		<u>Rivers</u>	
First Name	Middle Initial	Last Name	
<u>16 Metropolitan Oval</u>		<u>, Apt # 4F</u>	
Street Address			
<u>Bronx</u>	<u>New York</u>	<u>10462</u>	
County, City	State	Zip Code	
<u>347-712-5325</u>	<u>iammycommunityinc@gmail.com</u>		
Telephone Number	Email Address (if available)		

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☒ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.